

MISSISSIPPI WARRANTY DEED

THIS INSTRUMENT WAS PREPARED BY:
ROBERT M. DRAUGHON, III, ATTORNEY
MS BAR NO. 102757
C/O GRIFFIN, CLIFT, EVERTON & THORNTON PLLC
6489 QUAIL HOLLOW RD, SUITE 100
MEMPHIS, TENNESSEE 38120
PHNA

RETURN TO:

✕ Delgado Law Firm, PLLC
5779 Getwell Rd., Bldg. D, Suite 5
Southaven, MS 38672
662-536-2120
MS Bar No. 99983

THIS INDENTURE, made and entered into this 10th day of August, 2009 by and between **Rudy E. Lape**, married party of the first part, and **Bruce W. Stratton and Unjung Stratton**, as tenants by the entirety with the right of survivorship and not as tenants in common.

WITNESSETH: That for and in consideration of Ten Dollars (\$10.00), cash in hand paid and other good and valuable considerations, the receipt of all of which is hereby acknowledged, the said party of the first part has bargained and sold and does hereby bargain, sell, convey and confirm unto the said party of the second part the following described real estate, situated and being in the City of Hernando, County of DeSoto, Mississippi:

Indexing Instructions: **Section 7, Township 3 South, Range 7 West**
Lot 35, SECTION "C", DEER CREEK SUBDIVISION, LOCATED IN SECTION 7, TOWNSHIP 3 SOUTH, RANGE 7 WEST, DESOTO COUNTY, MISSISSIPPI, as shown on plat of record in Plat Book 72, Page 2, to which plat reference is hereby made for a more particular description of said property.

Being the same property conveyed to Rudy E. Lape and wife, Margaret E. Lape by Warranty Deed recorded at Book 428, Page 114 in the Office of the Chancery Clerk, Desoto County, Mississippi. Margaret E. Lape died on August 8, 2003. Leaving Rudy E. Lape as Surviving Tenant by the Entirety.

Jennifer L. Lape, wife of Rudy E. Lape, party of the first part, joins in the execution of this Warranty Deed for the express purpose of conveying any and all marital rights which she may have in and to the above described property by virtue of her marriage to the said Rudy E. Lape, but does not join in the covenants and warranties contained herein.

GRANTOR:

NAME: Rudy E. Lape
ADDRESS: 7998 Winding Creek Dr.
Germantown, TN 38138
PHONE: 901-497-2005
Work Phone: N/A

GRANTEE:

NAME: Bruce W. Stratton
ADDRESS: 1275 Tara Dr.
Hernando, MS 38632
PHONE: 901-488-5129
Work Phone: N/A

TO HAVE AND TO HOLD the aforesaid real estate, together with all appurtenances and hereditaments thereunto belonging or in any wise appertaining unto the said party of the second part, his heirs, successors and assigns in fee simple forever.

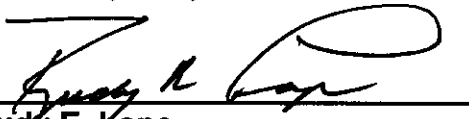
The said party of the first part does hereby covenant with the said part of the second part that he is lawfully seized in fee of the aforescribed real estate; that he has a good right to sell and convey the same; that the same is unencumbered, except:


This conveyance is made subject to: 2009 City of Hernando and 2009 DeSoto County taxes now a lien but not yet due and payable which Grantee assumes and agrees to pay. Subdivision Restrictions, Building lines and Easements at Plat Book 72, Page 2; Easements at Book 373, Page 792 in the Office of the Chancery Clerk, DeSoto County, Tennessee.

and that the title and quiet possession thereto he will warrant and forever defend against the lawful claims of all persons.

The word "party" as used herein shall mean "parties" if more than one person or entity be referred to, and pronouns shall be construed according to their proper gender and number according to the context hereof.

WITNESS the signature of the said party of the first part the day and year first above written.

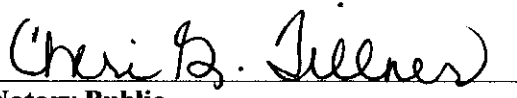

Rudy E. Lape


Jennifer L. Lape

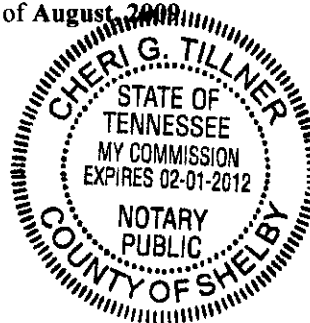
INDIVIDUAL
STATE OF TENNESSEE)
COUNTY OF Shelby)

Before me, the undersigned, a Notary Public of said County and State, personally appeared **Rudy E. Lape and Jennifer L. Lape**, the within named seller, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand, at office, this 10th day of August, 2009


Notary Public

My Commission Expires: 2-1-2012



/PRINT
IN
ANENT
OK INK
OR
CTIONS
NDBOOKTENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATHSTATE FILE
NUMBER

DECEASED

CENSUS TRACT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

N OR MEDICAL
R EXECUTING
ATE MUST
TE AND SIGN
CERTIFICATION
8 HOURS.INSTRUCTIONS
HERE SIDECAUSE OF
DEATH

1. DECEDENT'S NAME (First, Middle, Last) Margaret Mary Lape						2. SEX Female		3. DATE OF DEATH (Month, Day, Year) 8-8-2003	
4. SOCIAL SECURITY NUMBER		5a. AGE-LAST BIRTHDAY (Years) 51		5b. UNDER 1 YEAR MO. DAY		5c. UNDER 1 DAY HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) 7-24-1952	
7. BIRTHPLACE (City and State or Foreign Country) Hillsdale, MI		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No							
9a. FACILITY NAME (If Institution, give street and number) Methodist Central Hospital		9b. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)		9c. CITY, TOWN, OR LOCATION OF DEATH Memphis		9d. COUNTY OF DEATH Shelby			
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Rudy Earl Lape		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Legal Secretary		12b. KIND OF BUSINESS/INDUSTRY Clerical			
13a. RESIDENCE-STATE MS		13b. COUNTY DeSoto		13c. CITY, TOWN OR LOCATION Hernando		13d. STREET AND NUMBER OR RURAL LOCATION 1275 Tara Dr.			
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38632		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		15. RACE-American Indian, Black, White, etc. (Specify) White		18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 2	
17. FATHER'S NAME (First, Middle, Last) Bernard H. Crippen				18. MOTHER'S NAME (First, Middle, Maiden Surname) Rosemary Theisen					
19a. INFORMANT'S NAME (Type/Print) Rudy Earl Lape				19b. RELATIONSHIP TO DECEASED Spouse		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1275 Tara Dr. Hernando, MS 38632			
20a. METHOD OF DISPOSITION 1 <input type="checkbox"/> Burial 2 <input checked="" type="checkbox"/> Cremation 3 <input type="checkbox"/> R oval State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Tennessee Creations, INC.		20c. LOCATION-City or Town, State Memphis, TN			
21a. SIGNATURE OF FUNERAL DIRECTOR Eyon A. Brownlee				21b. LICENSE NUMBER OF FUNERAL DIRECTOR FS794		21c. SIGNATURE OF EMBALMER		21d. LICENSE NUMBER OF EMBALMER	
22a. NAME AND ADDRESS OF FUNERAL HOME Hernando Funeral Home 140 W. Commerce St. Hernando, MS 38632						22b. LICENSE NUMBER OF FUNERAL HOME FE47			
23. REGISTRAR'S SIGNATURE Mary Ann Bradshaw						24. DATE FILED (Month, Day, Year) AUG 22 2003			
25a. PHYSICIAN: To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN Stephen White						25b. LICENSE NUMBER TN 31342		25c. DATE SIGNED (Month, Day, Year) August 18, 2003	
26a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER						26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Dr. Stephen White 1331 Union Ave. Suite 800 Memphis, TN 38104									
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. respiratory failure DUE TO (OR AS A CONSEQUENCE OF): b. metastatic non-small cell lung cancer DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. Approximate Interval Between Onset and Death: a. 3 days b. 5 months								Approximate Interval Between Onset and Death: c. d. Approximate Interval Between Onset and Death:	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. thrombocytopenia, hyponatremia, Bell's palsy								29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED	
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)				31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					